

Iowa Department of Human Services

Offer #401-HHS-013: Mental Health and Disability Services

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This offer is for:		This offer includes the following appropriations:
X	Status quo existing activity	Property Tax Relief; MHDD Community Services; MHDD Allowed Growth; POS Provider Increase; State Payment Program; Systems of Care Development – Community Based Services for Children, Youth, and Families; Systems of Care Development - Emergency Mental Health Crisis Services; General Administration

Result(s) Addressed:

- Improve mental health and disability services outcomes for Iowans
- Improve access to brief treatment and assessment services for persons experiencing a mental health crisis
- Improve access to appropriate, effective and coordinated mental health and disability services for vulnerable Iowans
- Develop systems of care with a flexible array of services and supports for people of all ages (children, youth and adults) that improve their ability to function in their families and communities of choice, ensures individuals are served in the least restrictive appropriate settings, and increases public safety
- Reduce the negative outcomes of mental health, disabilities and other disorders and promotes recovery and resiliency

Program Description:

Who:

Children and adults with mental illness (which includes adults with chronic mental illness and children with serious emotional disturbance), intellectual disabilities (mental retardation), developmental disabilities, and brain injury are served through these funds.

The Mental Health and Disability Services Division, serving as the state mental health and developmental disabilities authority, is responsible to develop, implement, and manage the mental health and disability service system in Iowa. MHDS provides policy direction for the public mental health and disability service system and also administers state appropriations and state programs and contracts that provide funding to carry out this responsibility.

Approximately 80,700 Iowans received publicly funded mental health and disability services in SFY 2008. Total mental health and disability service funding for Iowans is comprised of approximately

42% Federal funds, 38% state funds, and 20% county funds. Of the 80,700 individuals served, 49,671 were served using the funds provided in this Offer.

The populations served and funding reflected in this offer are:

WHO	Funding Source for Services
Adults (and some children) with mental health disorders and other disabilities.	MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Purchase of Services Provider Increase, Risk Pool
Adults who have not established legal settlement in their county.	State Payment Program
Children and youth with mental health disorders and other disabilities and their families.	Systems of Care - Community Based Services for Children and Youth – Dubuque Service Area – SAMHSA Grant - State/Federal
Children and youth with mental health disorders and other disabilities and their families.	Systems of Care - Community Based Services for Children and Youth – Polk County - State
Iowans of all ages experiencing crisis.	Systems of Care - Emergency Mental Health Crisis Services – State
Survivors of Iowa's 2008 disasters	FEMA/SAMHSA Crisis Counseling and SSBG Disaster Program – State/Federal

MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Purchase of Services Provider Increase, Risk Pool: These funds are combined with county property tax dollars into the county MHDD Fund and are primarily designated to cover services for persons older than 18 years of age, with a slight exception for coverage of outpatient mental health service for children and youth.

Table 1 shows the total state appropriations designated for distribution to counties for SFY 2005 through SFY 2010 and a projection(**) for SFY 2011. Total state appropriations for SFY 2009 were \$167,762,209. Note: Table 1 does not include Risk Pool funds.

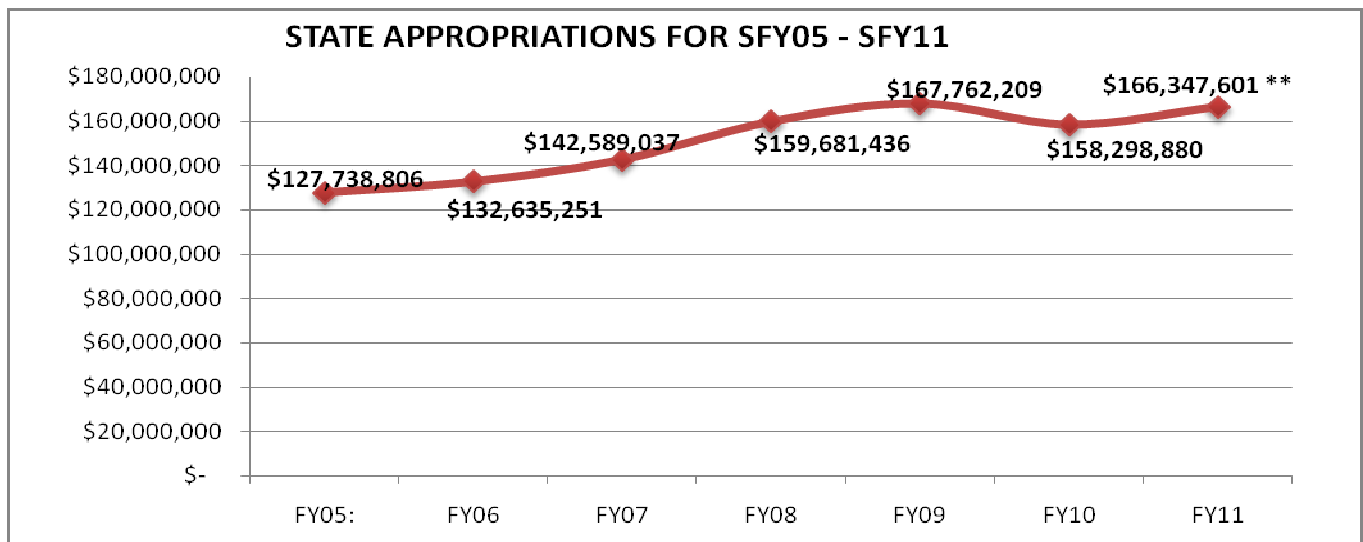


TABLE 1

The number of unduplicated people served with these funds in SFY 2008 was 49,671, approximately 7% less than the number of people served in SFY 2007.

Though counties establish eligibility criteria for their MHDD funds, they are required to cover the non-Federal share of Medicaid service costs for a set of mandated services; most are services for people with intellectual disabilities (formerly referred to as mental retardation – these terms are used interchangeably). Counties are not required to pay for services for persons who have developmental disabilities or brain injury although they can choose to provide coverage for services of these populations with their MHDD funds.

Table 2 shows the number of people (child and adult) served in SFY 2008 through these funds by the targeted population categories of Mental Illness (MI), Chronic Mental Illness (CMI), Mental Retardation (MR) and Developmental Disabilities (DD). The combined categories of mental illness (49.6%) and chronic mental illness (23.3%) together represent approximately 73% of all people served. Mental retardation represents 24.8% followed by developmental disabilities at 2.4% of people served. Approximately 91.8% of people served were adults and 8.2% children. Note: this table shows an unduplicated count of people served by disability category.

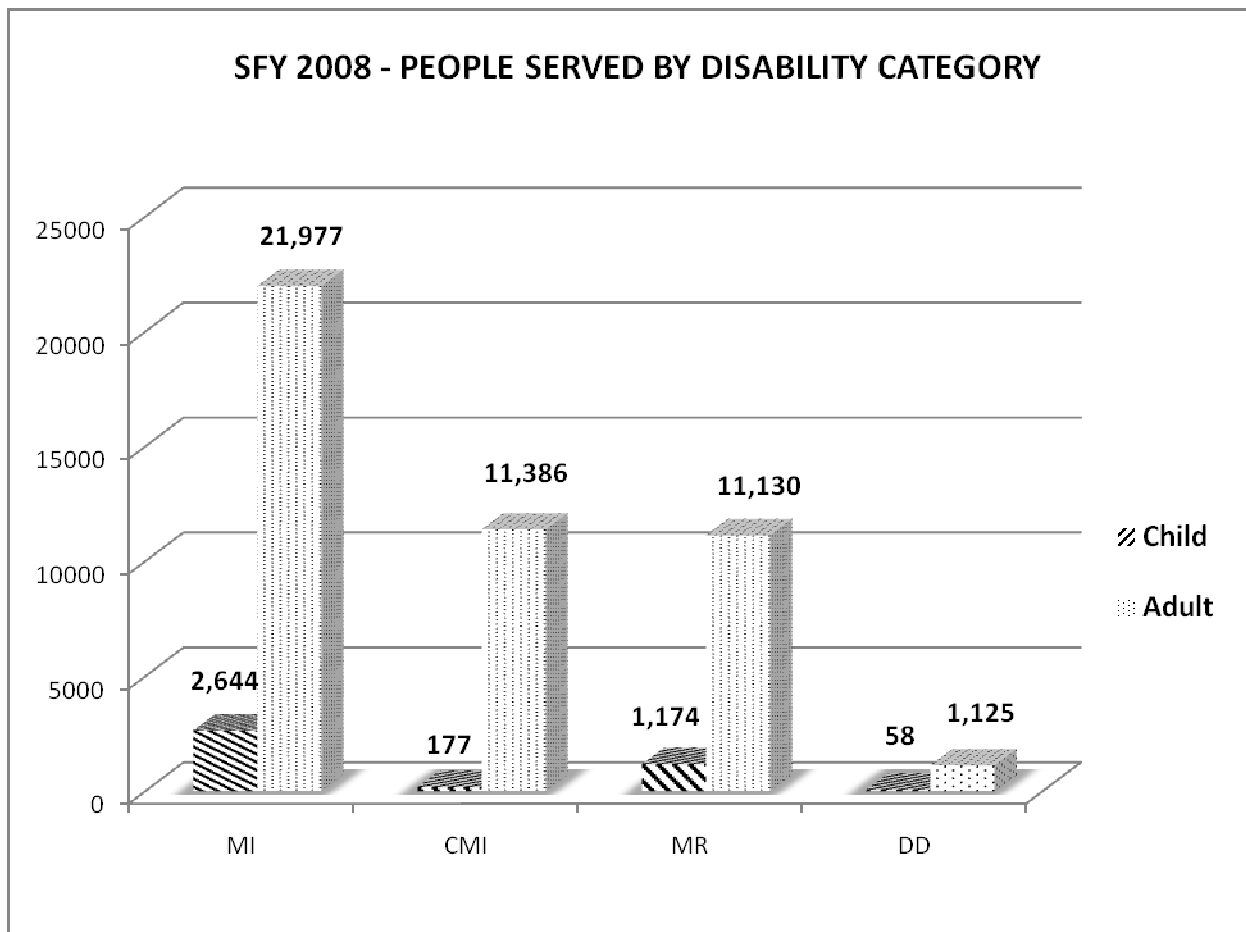


TABLE 2

Table 3 shows the expenditure breakdown for each diagnostic category for SFY 2005 through SFY 2008.

While the largest number of people served fall in the category of mental illness, the mental retardation category represents the largest category for expenditures at \$201,588,234 or 62.9% of total expenditures in SFY 2008. The chronic mental illness category is the second largest at \$75,662,864 or 23.6% of all expenditures in SFY 2008, which is followed by the mental illness category at \$31,689,333 or 9.4% of total expenditures, and the developmental disabilities category at \$9,356,973 or 2.9% of total SFY 2008 expenditures. The developmental disabilities category has shown a slight decrease in total expenditures from SFY 2005 to SFY 2008 of -2.4% while the other categories have each shown growth: mental illness growth of 20.8%; chronic mental illness growth of 13.5%; and, mental retardation growth of 15.5%.

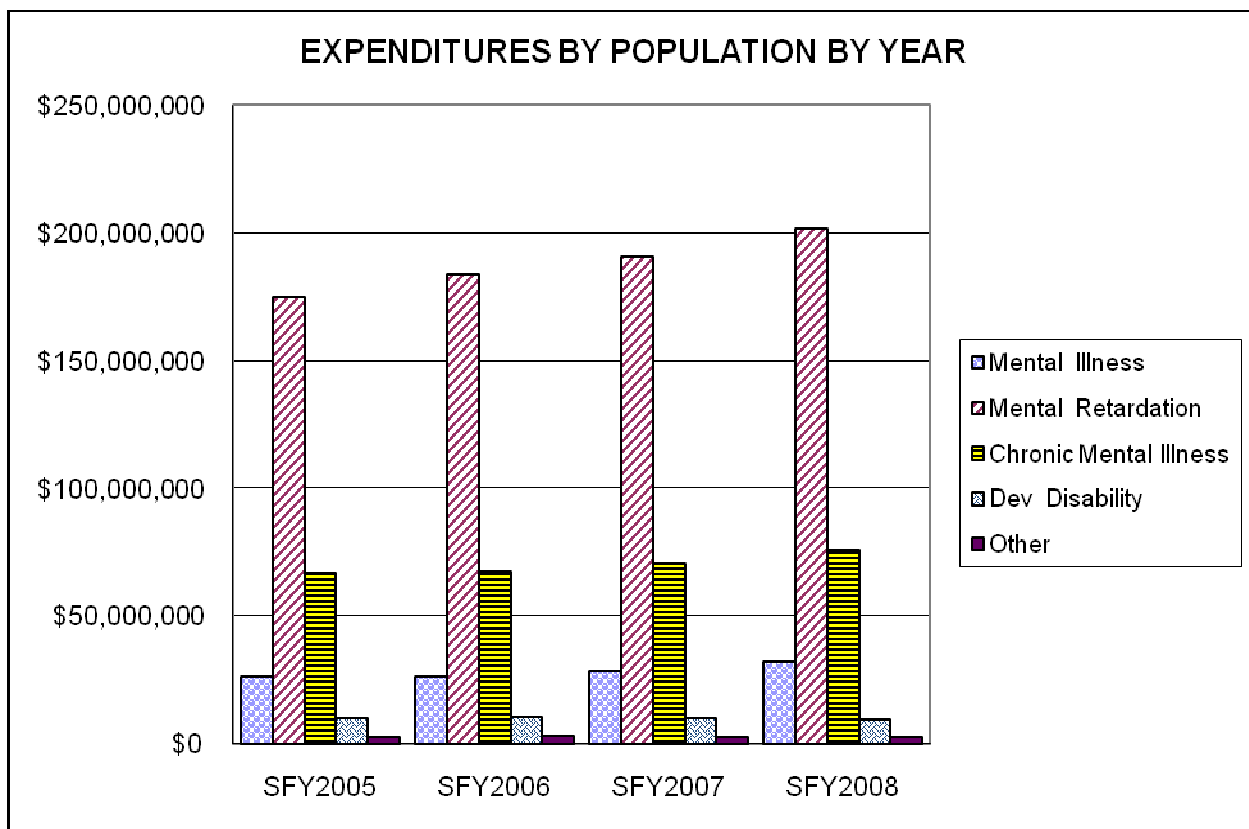


TABLE 3

Table 4 shows the number of children/youth in comparison to adults served in the system managed by counties. Approximately 91% of individuals served are adults compared to 9% children. The total number of individuals served showed a decrease from SFY 2005 to SFY 2006 of 6.4% which was followed by a growth of 10.7% from SFY 2006 to SFY 2007 and then a decrease of 7.45% from SFY 2007 to SFY 2008. The total number of individuals served has generally decreased from SFY 2005 to SFY 2008 while costs have increased. Total individuals served have decreased during this period by approximately 4.0% or 2,078 individuals, The total number of adults and children served decreased by approximately the same number (adult reduction = 1,028 and child reduction = 1,050) for each age

cohort but reflects a 20.8% decrease in total children served and 2.3% reduction in the total number of adults served.

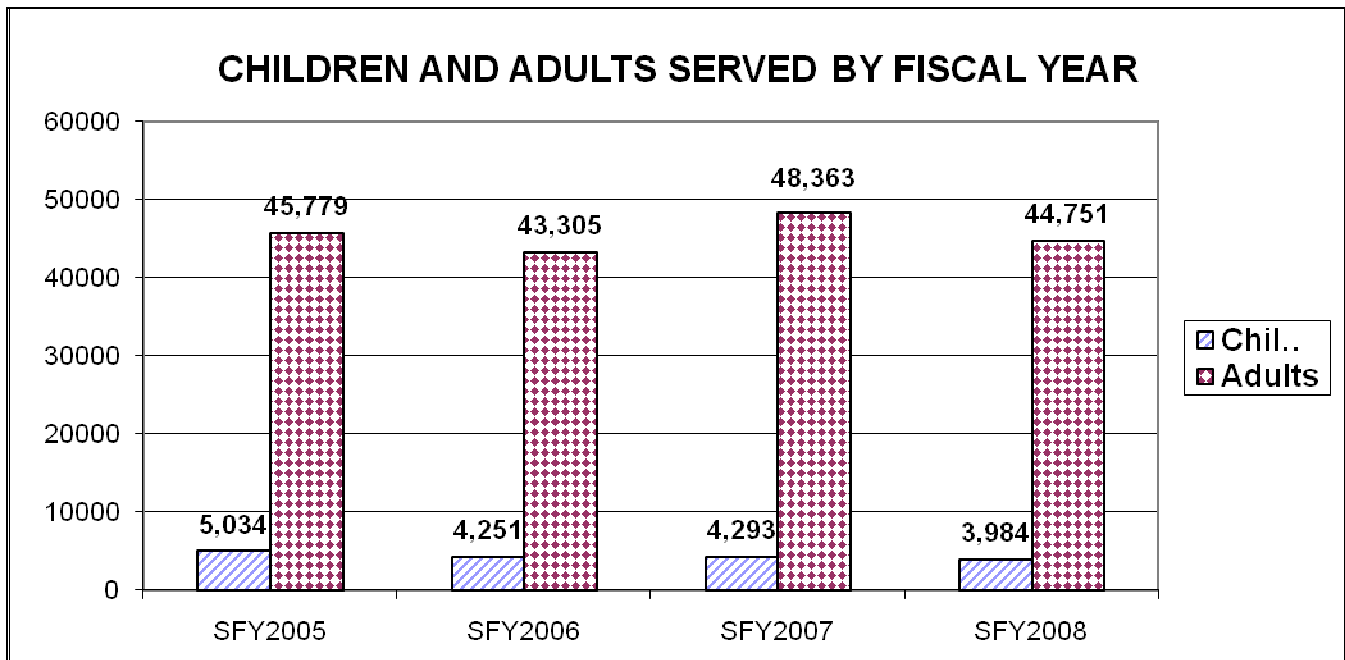


TABLE 4

State Payment Program: For adults living in Iowa who do not have a county of legal settlement, the State Payment Program (SPP) can provide coverage for service costs if other coverage options are not available. The SPP is not available for children and youth. County Central Point of Coordination (CPC) administrators manage the SPP cases. The SPP reimburses the county for services paid on behalf of an SPP client.

Table 5 shows the number of people served by diagnostic category. The number of total people served by the State Payment Program during SFY 2009 was 3,882. Similar to Table 2, mental illness is the largest diagnostic category representing 51.6% of people served, followed by chronic mental illness at 36.1%, mental retardation at 9.9% and developmental disabilities at 1.4%. The “other” category represents less than 1%.

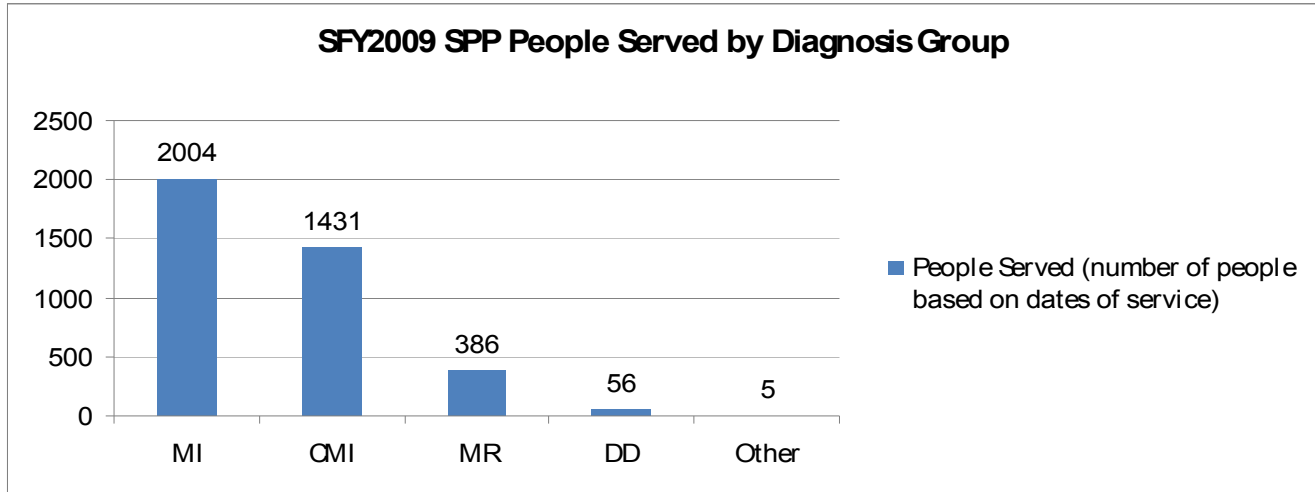


TABLE 5

Systems of Care for Community Based Services for Children and Youth – Community Circle of Care in the Dubuque Service Area: Community Circle of Care (CCC) is a joint state and Federal system of care funded project site that serves children and youth with Serious Emotional Disturbance (SED) and their families residing in 10 counties in NE Iowa: Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek Counties. In order to be eligible for CCC services, children must live within the 10 county service area, be age 21 or younger, and have a diagnosed, or diagnosable, Axis I serious emotional disorder. SFY 2011 is the 5th year of a 6-year grant cycle. The lead agency is the Child Health Specialty Clinic, which operates the Community Circle of Care.

The most common reported problems and diagnoses are related to hyperactivity and attention-related disorders. Over 55% of children have received a diagnosis of some type of ADHD. Other common problems include conduct disorder, delinquency, anxiety and depression. Over 68% of CCC children have co-occurring diagnoses.

A total of 550 children and their families received intensive services in the community through the Community Circle of Care during SFY 2009. Another 605 children and their families received information and referral services through CCC.

Systems of Care for Community Based Services for Children and Youth – Polk County: This Systems of Care (SOC) site is funded through state funding of \$500,000 for SFY 2010 and 2011 which was disseminated through a competitive bid process. This SOC site is in the initial stages of implementation. Child Guidance Center is a community mental health center that is the lead agency for Systems of Care development in Polk County. As the 2009 general assembly determined that funding was to support this Systems of Care site for two state fiscal years, additional funding to support the current service level of this Systems of Care site will not be requested until SFY 2012. This site is expected to serve 30 children in SFY 2010 and 40 children in SFY 2011.

Systems of Care Development – Emergency Mental Health Crisis Services: The target population to be served is any individual, family or group of persons in the designated service counties that is experiencing a mental health crisis or is in a situation likely to turn into a mental health crisis if

supportive services are not provided, regardless of age, income, insurance coverage, diagnosis, or severity of crisis.

Disaster Mental Health Services: The multiple natural disasters that occurred in Iowa in late May 2008 continue to have a significant and ongoing impact on the mental health needs of the state. DHS secured funding through FEMA to conduct a large-scale crisis counseling program called Project Recovery Iowa, to serve people affected by the disasters. Through two FEMA grants, DHS received a total of \$4,369,495 Federal funds to provide a wide variety of outreach services extending over an 18 month period.

Key results of this program as of July 2009 include:

- More than 133,000 in-person contacts have been made
- Over 15,000 people received individual counseling
- More than 342,000 pieces of educational material have been distributed
- More than 37,000 people heard counselors give presentations at meetings arranged by counselors or others

In addition to the outreach efforts, DHS secured additional Federal funds through the Social Services Block Grant in the amount of \$4,894,149 to develop several disaster related programs including a professional counseling services program offered at no cost to survivors called *Ticket To Hope*; a reimbursement program for counties covering mental health services to disaster survivors and enhanced disaster behavioral health training opportunities for communities and provider agencies.

DHS has developed a Disaster Behavioral Health Response Team (DBHRT) using a portion of the SSBG funds. The DBHRT has been established with six regional response teams trained and ready to respond immediately to the ongoing needs of communities affected by the 2008 disasters as well as to future disasters and critical incidents that local communities cannot adequately manage.

MHDS staff continues to spend significant time supporting local and state level efforts through the provision of technical assistance, consultation, education and training in response to needs arising from the 2008 disasters.

What:

Table 6 shows the distribution of funding for mental health and disability services in Iowa. State appropriations, county property taxes and other funds (Medicaid reimbursements to counties for services provided) are included and support the range of disability services provided. The table below does not include Medicaid fee for service (Iowa Plan) and certain other Medicaid funding for mental health and disability services in Iowa. Because eligibility for services is determined at the county level, service availability for those covered by the MHDD fund varies from county to county.

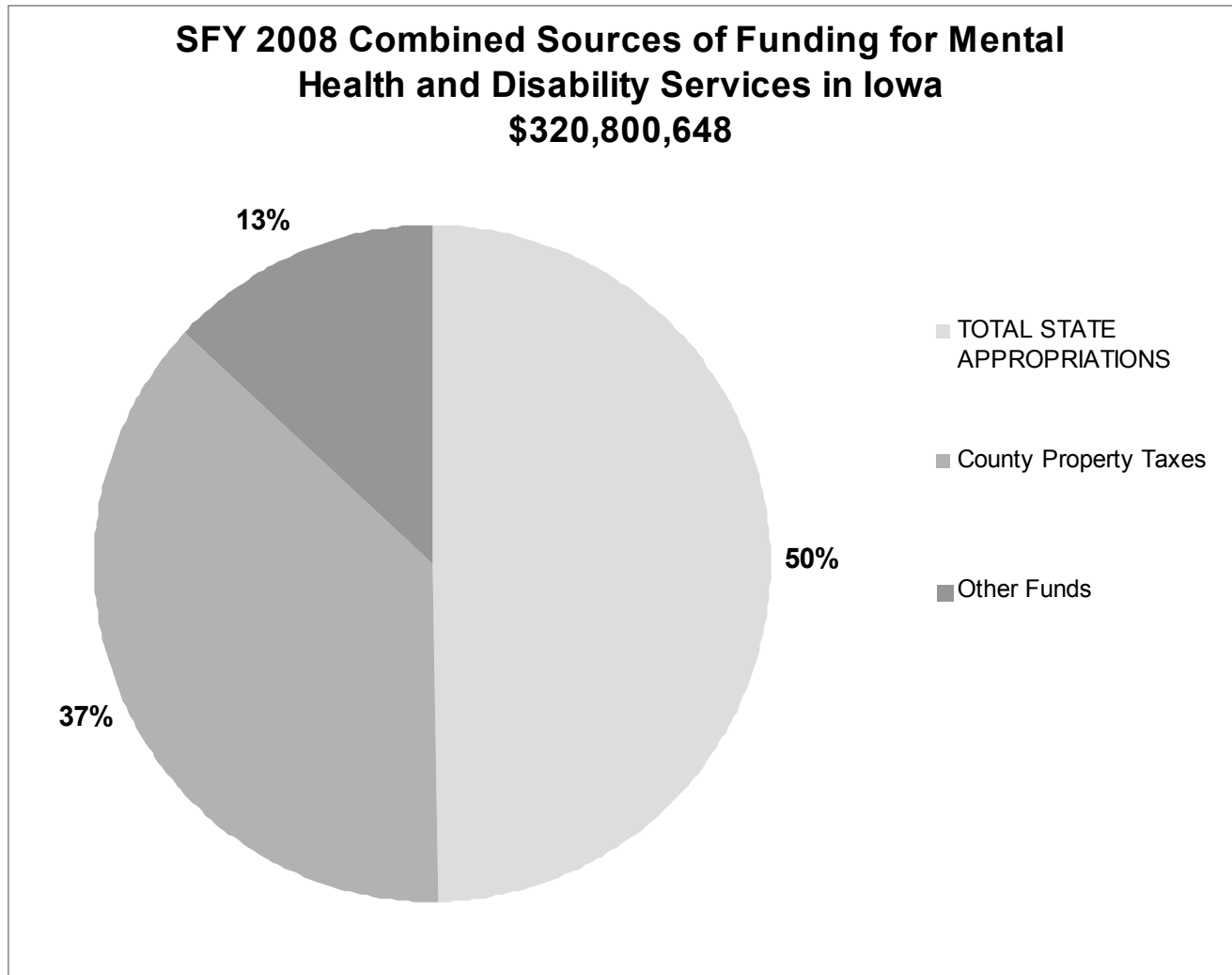
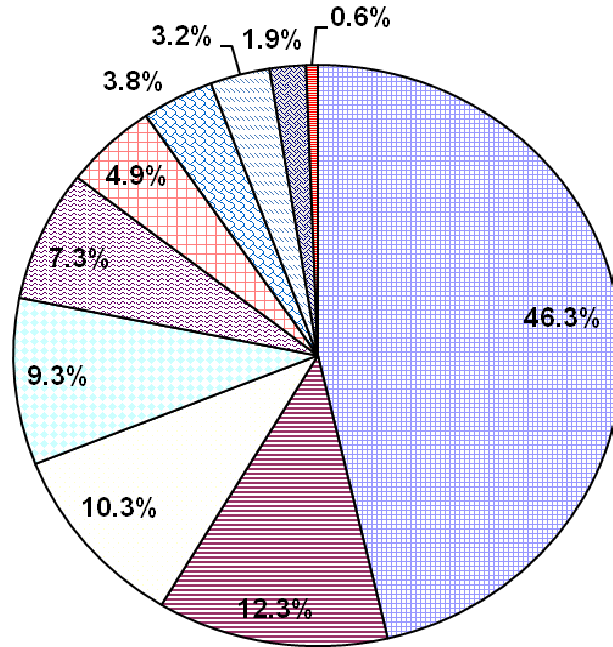


TABLE 6

MHDD Community Services Fund, Property Tax Relief, Allowed Growth: State appropriations, which include the MHDD Community Services Fund, Property Tax Relief, and Allowed Growth, contribute \$159,681,436, or approximately 50% of disability services funding.

This funding, combined with county and Federal funding contributions pays for a wide array of services for Iowans with mental health and disability service needs. Table 7 shows the ten (10) service categories by percent of expenditure utilization. Licensed/certified living arrangements which include Residential Care Facilities (RCF), Intermediate Care Facilities – Mental Retardation (ICF-MR), and Intellectual Disabilities Waiver Supported Community Living (SCL) services at RCFs represent 46.3% of the service expenditures. See Uniform Chart of Accounts at end of the MHDS Offer for service category explanations.

**SFY2008 State and County Resource Expenditures
by Service Category
\$320,800,648**



- Licensed/Certified Living Arrangements - 46.3%
- Vocational and Day Services - 12.3%
- Personal and Environmental Support Services - 10.3%
- Institutional/Hospital and Commitment Services - 9.3%
- Coordination Services - 7.3%
- Treatment Services – Psychotherapeutic - 4.9%
- Information and Education Services - 3.8%
- Rehabilitative - 3.2%
- Treatment Services – Physiological - 1.9%
- Commitments (under Iowa Code Section 229) - .6%

TABLE 7

State Payment Program: The purpose of the State Payment Program (SPP) is to provide eligible adult Iowans who do not have a county of legal settlement, with access to local services authorized through County Management Plans. The purpose is to maintain and improve the self-sufficiency of adults with a mental illness, mental retardation, and/or a developmental disability. The county purchases local services and the SPP reimburses the county.

Table 8 shows the service categories covered in SFY 2009 by the State Payment Program, by expenditure amount. Similar to the data shown above, Residential services (licensed/certified living arrangements) represent 43.8% of the SPP expenditures.

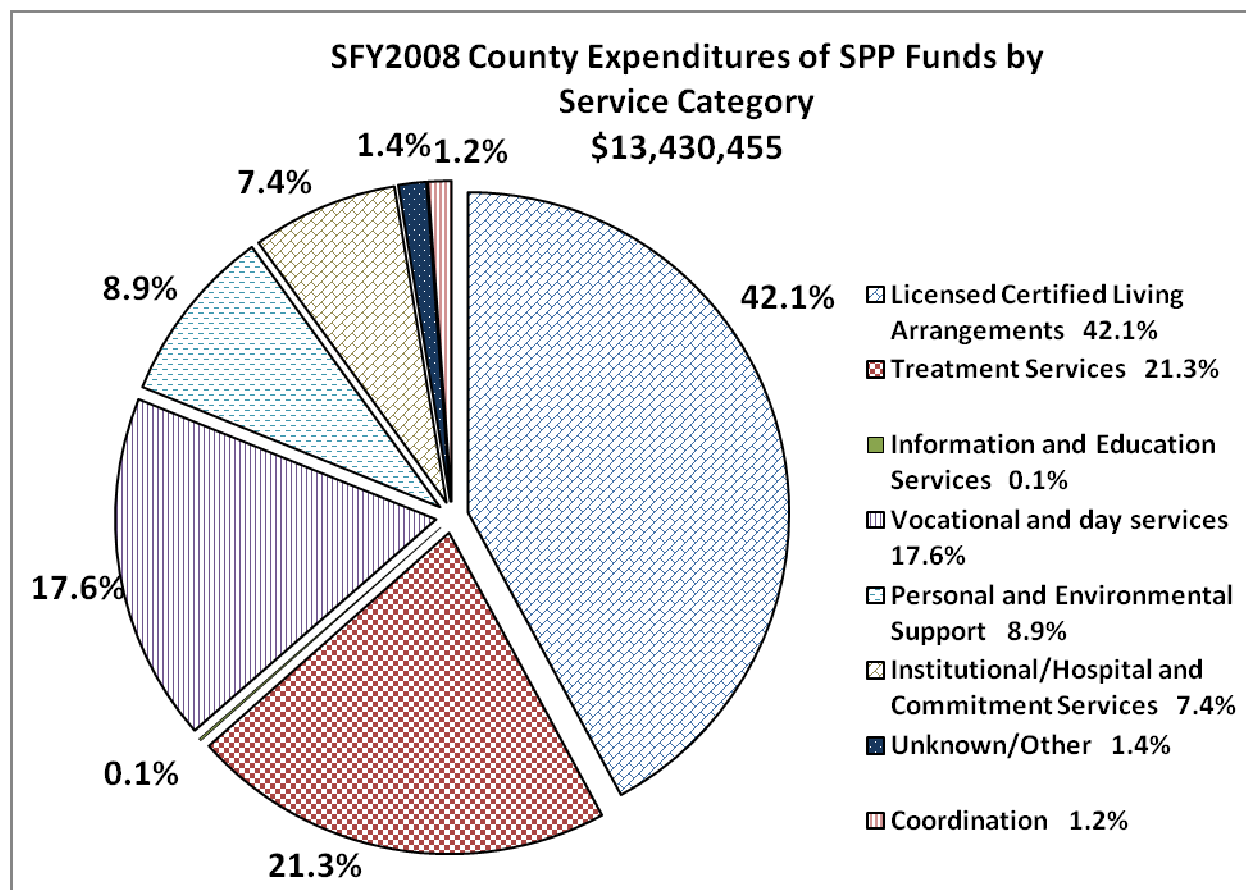


TABLE 8

Development of Combined Mental Health and Disability Services Plan: As a part of Iowa's efforts to transform its mental health and disability services systems, MHDS is undertaking a concerted planning and community engagement effort to develop a combined mental health and disability services plan. The plan includes development of "systems of care" to support and improve the delivery of mental health and disability services in Iowa. A system of care is a coordinated network of public and private organizations and community based services and supports that are organized to meet the challenges of children, youth and adults with mental health and other disability-related needs and their families.

Systems of Care for Children and Youth – Community Circle of Care (CCC), Dubuque Service Area: CCC uses a wraparound approach to support individualized, child- and family-centered services which are developed through collaborative partnerships between families and the local network of providers. CCC staff facilitates the individualized service planning process, directly provides or coordinates other needed services in the community, and coordinates each child's mental health services with the services of other child serving systems such as schools, public health, child welfare, juvenile court services, other service providers, and primary health care providers. CCC also provides funding support for mental health services to children who are uninsured and/or underinsured. The lead agency for this Systems of Care site is the Child Health Specialty Clinics. CCC services are targeted to children who have serious emotional disturbance who are also at risk for out of home placement or treatment, involvement with multiple child serving systems, and includes youth with SED who will transition to the adult mental health and disability services system. CCC services are designed to

provide support to children and youth with serious emotional disturbance so that they may remain at home with their families, attend their own schools, and be a part of their community.

Systems of Care for Children and Youth in Polk County: The Systems of Care for Children, Youth and Families in Polk County is a community-based, comprehensive, family and youth-driven system of care that is fluid and flexible, while blending best practices with the needs, wants and preferences of the child, youth and family.

Child Guidance Center, as the lead agency for the Systems of Care site in Polk County, will provide and/or coordinate services for children and youth with mental health disorders in the community so the children and youth can live with their families and remain in their communities. This agency will also coordinate mental health services with the services of education, child welfare, court services, juvenile justice, health care, substance abuse, and other services. Services will also include naturally existing informal and natural supports such as family, the faith community, mentors, and others.

Systems of Care Development - Emergency Mental Health Crisis Services: The Emergency Mental Health Crisis Services system of care includes two core components, mobile crisis services and community partnership collaborative. Mobile crisis services provide immediate, on-site screening and assessment for persons in crisis. Teams go directly to the location where an individual is experiencing a crisis to provide quality, timely mental health and substance abuse services. Additionally, the mobile crisis team continues to provide support services to the individual throughout the course of the mental health crisis stabilization period and promotes a person-driven or family guided plan of recovery. The community partnership collaborative efforts provide a structure in which community service providers, whose individual organizations serve people in crisis situations, come together to plan, coordinate and deliver services within a seamless community system of care for people in crisis.

How:

Service Delivery

MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Purchase of Services

Provider Increase, Risk Pool: The Division of Mental Health and Disability Services (MHDS) distributes state funding directly to counties to pay for services for adults with mental health, mental retardation, developmental disabilities and brain injury. Most of the mental health and disability services for adults in need of public funding are managed directly by each county Central Point of Coordination office. Each county establishes eligibility criteria for services in their county. Services are funded through a combination of county, state and Federal funding. These services include a range of therapeutic, vocational, residential, and other support services.

- DHS allocates funding from three appropriations (Property Tax Relief, MHDD Allowed Growth, MHDD Community Services) to counties according to a formula established by the Legislature. These funds are placed into the county's MHDD Fund 10, along with funds raised by the county through property taxes. These funds are dedicated for services primarily for adults who have mental health and disability service needs.
- Each county submits policies and procedures for MHDS review that are approved by the Director of DHS, identifying the services each county makes available, the eligibility criteria for who can receive services, application and appeal processes, and eligible providers.

- Services are coordinated through county Central Points of Coordination for persons older than 18 years of age, with a slight exception for coverage of outpatient mental health service for children and youth who have legal settlement in a county.
- The county pays for services from the MHDD Fund, including the cost for institutional services, the non-Federal match for Medicaid funded services where that match is the responsibility of the county of legal settlement, and for services the county directly contracts with community providers.
- DHS determines eligibility and coordinates services to individuals on Medicaid waivers.

State Payment Program: The State Payment program (SPP) funds services for eligible adults with mental illness, mental retardation or a developmental disability. In order to be eligible for the SPP, a person has to be without a county of legal settlement and is thus considered a “state case” for SPP, must be over 18 years old, and not have other mental health coverage benefits.

County Central Point of Coordination (CPC) administrators manage the SPP service payments for persons older than 18 years of age. The CPC submits claims to DHS for services paid for by the county and the SPP reimburses the county monthly for submitted claims.

Systems of Care for Children and Youth – Community Circle of Care in the Dubuque Service Area (CCC): CCC is funded through a Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant. Although the federal financial support is significant, the grant also requires state matching dollars based on a formula which increases the state match portion in the later years of the grant. SFY 2011 is the fifth year of a six year grant cycle. Additional funding is needed to maintain this Systems of Care site. The lead agency which operates the Community Circle of Care is the Child Health Specialty Clinics.

Systems of Care for Children and Youth in Polk County: Systems of Care for Children (SOC), Youth, and Families in Polk County is funded through state funding of \$500,000 for SFY 2010 and 2011, which was disseminated through a competitive bid process. This SOC site is in the initial stages of implementation. Child Guidance Center is a community mental health center who is the lead agency for Systems of Care Development in Polk County.

Systems of Care Development – Emergency Mental Health Crisis Services: Mobile crisis services are provided using a broad range of strategies and community collaborations as outlined below:

- Service access is available 24 hours a day utilizing the Iowa State Extension Iowa Concern Hotline (<http://www.extension.iastate.edu/iowaconcern>) which is the DHS-designated statewide emergency mental health crisis service hotline. Community-based mental health and substance abuse referral information and provider contact and service information, and other key contact information is used by hotline staff.
- The provider will offer:
 - Unscheduled, on-site, in-person crisis screening, assessment, and crisis interventions for persons experiencing a crisis.
 - Services to any location, at any time, within the designated service area.
 - The ability to receive calls immediately from the hotline service and other sources other than hotline.

- Access to a psychiatrist, Advanced Registered Nurse Practitioner (ARNP) or general physician 24 hours a day, 7 days a week for consultation and medication prescription.
- A defined crisis care coordination and service transition program component that will assertively work with consumers to provide seamless transition and/or connection to mental health, substance abuse and co-occurring treatment services and other community and financial supports necessary to maintain community-based living.
- Collaborative agreements with critical community service providers outlining referral processes and procedures that will allow for maximum utility of emergency mental health crisis services.
- Services to all persons, in the designated geographic service area, that are experiencing a crisis, or at risk of having a crisis episode, and in need of crisis mental health services, including children, adolescents, adults and older persons, regardless of income level, insurance coverage or diagnosis.
- Services using a Recovery Philosophy to build resilience and facilitate recovery.

The community partnership collaborative is used to provide a structure in which community service providers, whose individual organizations serve people in crisis situations, come together to plan, coordinate and deliver services within a seamless community system of care that fosters positive outcomes for individuals in crisis. The successful bidder will provide leadership in the organization of the Community Partnership Collaborative.

Disaster Mental Health Services:

Project Recovery Iowa

- Twenty-nine counties qualified for federal disaster assistance.
- The Iowa Concern Hotline provides free counseling triage for callers anywhere in the state seeking assistance due to disaster related stress.
- Outreach, on-site crisis counseling in the target counties is provided by eight-provider agencies, many of whom expanded staff and began service well before the funding grants were approved.
- Over 100 crisis counselors were hired. All attended several mandatory training sessions. Crisis counselors include teachers, farmers, and members of minority groups.
- Services include:
 - Individual crisis counseling services. During individual services, crisis counselors are active listeners who provide emotional support.
 - Group crisis counseling services, such as meetings of church congregations, teachers, health professionals, or first responders.
 - Educational services include the distribution of brochures on how specific groups can recover from disasters, flyers posted in public areas, mailings, and news releases and interviews. The DHS is creating a web page as a central source of information.
 - Referrals are a key component of initial services. In most disasters, the majority of survivors have needs that can be met by short-term, relatively informal interventions. Some survivors may need long-term, more formal mental health services that are beyond the scope of the immediate services plan.

Ticket To Hope

Provides free counseling services to people who need a professional intervention related to the stressors of the 2008 disasters. *Ticket to Hope* will be in effect through September 30, 2010.

Services are accessed by individuals through the Iowa Concern Hotline at 1 800-447-1985. Through a voucher program, people can receive up to eight (8) authorized 45-50 minute sessions with an approved mental health provider. Individuals can choose a mental health provider from a list of those who have agreed to participate or they can request that a provider become a participating provider.

County Community Services & Pharmacological Services

Funds made available to Iowa counties to pay for mental health services for individuals, including medications that are received in part as a result of the 2008 disasters. Counties are notified of available funds determined through a formula that includes county population and FEMA disaster applications. The county CPCs submit claims to DHS for reimbursement of services paid.

Disaster Behavioral Health Response Team Building

To better respond to the needs of people affected by the 2008 disasters, a ready reserve of volunteers across the state of Iowa is being trained and prepared to respond immediately. A consultant has been hired to provide guidance in organizing a statewide response team. Infrastructure-building activities include forming and convening an Advisory Council to the response team, solicitation of members to the response team and formation of regional teams, and provision of several skill training events that will include Psychological First Aid, Critical Incident Stress Management, Mental Health First Aid and Basic Disaster Training.

Service Support

The MHDS Division supports the development of quality mental health and disability services for consumers of all ages and families throughout the state by providing the following:

- Accreditation and survey activities for over 220 providers, including community mental health centers, other mental health providers, and providers of targeted case management, supported community living, intensive psychiatric rehabilitation, emergency services, partial hospitalization, and remedial services.
- Support and provide technical assistance to community mental health centers and other designated providers regarding the implementation of emerging, best, and evidence-based practices. MHDS works with and provides federal mental health block grant funding to approximately 40 community mental health centers each year for the development of emerging, best, and evidence-based practices.
- Develop and implement a standardized statewide outcomes measurement and reporting system, known as the Iowa Consumer Outcomes Measurement System (ICOMS) for children, youth, and adults who receive services through the public mental health and disability services system in compliance with Federal reporting and good quality improvement strategies. Participation in ICOMS was made a condition to receive mental health block grant funding beginning in FY 2010 for community mental health centers for adults with severe mental illness (SMI) and children and youth with serious emotional disturbance (SED). It will be expanded to all clients served regardless of diagnosis and funding source beginning in SFY 2011.
- Develop and implement contracts for issuance of mental health block grant, social services block grant and other funds for over 100 providers.
- Provide technical assistance and consultation to counties, providers, consumers, families and other stakeholders related to policies, data, resources, reporting systems, and other related information and assistance regarding the mental health and disability system

- Coordinate, participate in and/or monitor activities across Iowa state agencies, other policy making bodies, advocacy and advisory groups that affect Iowans with disabilities, including:
 - Dependent Adult Abuse Task Force
 - MHMRDDBI Commission
 - The Mental Health Planning Council
 - Olmstead Consumer Taskforce
 - The Direct Care Worker Advisory Council
 - Governor's Council on Developmental Disabilities
 - Iowa Disability Advocacy Network
 - The Autism Council
 - The MHI Task Force
 - The Adult Mental Health and Developmental Disabilities Service System Workgroup
 - Risk Pool Board
 - Iowa Advisory Council on Brain Injury
 - Child Welfare Permanency Committee
 - The Prevention of Disabilities Council
 - Iowa Advocates for Mental Health Recovery
 - Iowa Association of Community Providers
 - Iowa Behavioral Health Association
 - Iowa Coalition on Mental Health and Aging
 - Coalition of Family and Children Services of Iowa
 - Child Welfare Emergency Services Planning Group
 - Iowa Council on Homelessness
 - Critical Incident Stress Management Network
 - Iowa Disaster Human Resource Council
 - Iowa Department of Public Health (IDPH) (Disaster) Preparedness Advisory Committee
 - Substance Abuse Commission
 - The Governance Group on Employment Opportunities for Individuals with Disabilities
 - Department of Education Learning Supports Advisory Team
 - Department of Education Positive Behavioral Support Statewide Leadership Team
 - Iowa Schools and Community Coordinated Health Team
 - Iowa Collaboration for Youth Development
 - Department of Human Rights Interagency Council on Girls
 - Polk County Suicide Prevention Coalition
 - Disaster Behavioral Health Response Team Advisory Council
 - Mental Health Round Table Meetings (Children's Mental Health, Peer Support, Co-occurring Disorders)
- Provide or coordinate training events to enhance capacity in targeted areas identified through system planning efforts, including Mental Health First Aid, Mental Health First Aid - Train the Trainer, Early Childhood Mental Health Consultation, Southeast Polk Suicide Awareness and Prevention Conference.
- Coordinate statewide stakeholder input groups, including the Acute Care Task Force, involving over 100 stakeholders to research and recommend action steps for creating a statewide safety net of acute care services for MHDS.

- Develop and coordinate a statewide network for post critical incident and Disaster Behavioral Health Response Teams. The teams respond in times of disaster or other significant events to provide crisis counseling and first responder critical stress debriefing services. Six response regions were established during SFY 2009 and went operational in June 2009.
- Develop and coordinate disaster crisis response services including operating the FEMA funded Immediate Services and Regular Services crisis counseling programs, SSBG funded disaster professional counseling services program (Ticket To Hope), SSBG funded community services mental health and medication management programs through distribution of funds to disaster affected counties.
- Develop a Co-Occurring Capability Implementation and Service program for providers and consumers statewide in partnership with DPH. MHDS provides consultation to community mental health centers and other providers across Iowa.
- Receive and manage a Data Infrastructure Grant from SAMHSA to improve utilization reporting.
- In process of drafting a multi-year mental health and disability strategic plan.

American Recovery and Reinvestment Act Impact

Counties pay the non-Federal share (FMAP) of the following Federally funded services: HCBS/ID Waiver, ICF/MR (including Resource Centers), Targeted Case Management, and Habilitative Services. Counties have experienced a short term funding respite because of the increase in the Federal match contribution for those services mentioned above.

The following is the approximate savings that the counties have/will experience because of ARRA:

- 2009 decrease in County spending = \$20,325,370
- 2010 potential decrease in County spending = \$27,100,493
- 2011 potential decrease in County spending (6 months) = \$13,550,246

Many counties were on the verge of starting waiting lists when the ARRA package became available. The short-term effects of these savings will be more county funds to provide needed services.

When the ARRA package ends in December 2011, the potential is high for counties to exhaust revenues to fund services. There will be an increase in county expenditures because the FMAP rate will decrease; counties do not have the ability to generate the additional revenue needed by raising property taxes.

Offer Description:

Today's Activities and Results:

This offer provides access to community-based and other services for approximately 49,700 Iowans with mental health and other disability service needs across the State of Iowa. Adults and some children with mental health disorders and other disabilities are served with funding from the MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Purchase of Services Provider Increase, and Risk Pool. These funds are combined with county property tax dollars and Federal dollars to create the county MHDD fund.

Adults living in Iowa who do not have a county of legal settlement are served using funding from the State Payment Program. 3,882 Iowans were served using funding in the State Payment Program during SFY09.

Children and youth with mental health disorders and other disabilities and their families in the DHS Dubuque Service Area are served through systems of care for community based services supported by a combination of federal and state funding. A total of 550 children and their families received intensive services and an additional 605 children and their families received information and referral services in their home community through this funding during SFY09. This offer provides necessary state funding to match the federal funding for continuation of this project, which will be in year 5 of a 6-year grant cycle in SFY11.

Children and youth with mental health disorders and other disabilities and their families in Polk County are served through a system of care project for community based services using state funding. These funds are dedicated to the development of a local community-based system of care by establishing a local lead agency that is responsible for directly meeting or coordinating the mental health and other service needs of children and youth. The state-funded local system of care project includes school-based mental health collaborations and coordination of mental health services with child welfare services, court services, juvenile justice services, health care, inpatient/residential treatment, and other involved community entities. Action was taken during the 2009 legislative session to modify the project by expanding the timeframe from six to 24 months with \$500,000 in funding.

Iowans of all ages experiencing a mental health crisis or a situation that is likely to turn into a mental health crisis if intervention is not provided, will also be served through this funding. The program was intended to start in January 2009 but was delayed. Action was taken during the 2009 legislative session to modify the project by expanding the timeframe from six to 24 months with the \$1.5 million appropriation. DHS issued an RFP and is in the process of negotiating a contract for services in a single geographic area.

In addition, this offer continues the General Administration funding in support of the work of the division and MH/MR/DD/BI Commission.

Offer Justification:

Legal Requirements:

Federal:

Title XIX of the Social Security Act; Title XIX of the Public Health Services Act; SAMHSA Community Mental Health Block Grant guidelines; SAMHSA System of Care match requirements

State:

Iowa Code, sections 331.424A, 331.438-440, 225C, 230A, and 252.16 (Legal Settlement).

Rationale:

The Division of Mental Health and Disability Services (MHDS) is the state mental health authority and the state developmental disabilities authority with responsibility to develop, implement, manage and further improve a statewide service system for Iowans of all ages with disabilities who are in need of

services. Mental health and disability services are provided in a manner that supports the ability of persons with disabilities to live, learn, work, and recreate in communities of their choice. Services are individualized, provided to produce results, flexible, and cost-effective. The services system is intended to support individuals of all ages within specific target population groups, including:

- Persons with a disability;
- Persons with a mental illness which includes adults with chronic mental illness, adults with a serious mental illness, and children/youth with serious emotional disturbance;
- Persons with mental retardation;
- Persons with developmental disabilities; and,
- Individuals with brain injuries.

Results:

The following charts reflect the results achieved for individuals who have mental health disorders and other disabilities through services funded from state appropriations.

Iowans Served through County Managed Services				
Result	SFY 2008 Actual	SFY 2009 Projected	SFY 2010 Offer	SFY 2011 Offer
Number of people served by counties.	49,671	50,000	50,000	51,000
<i>This information is reported annually on December 1st of each year for the prior fiscal year.</i>				

Systems of Care - Emergency Mental Health Crisis Services		
Result	SFY 2010 Projected	SFY 2011 Projected
Number of Emergency Crisis Grants awarded	1	
Number of emergency room diversions	15% of Encounters	20% of Encounters
Number of crisis service encounters	350	500
Client satisfaction	70% Satisfaction	5% Satisfaction Increase

Systems of Care for Children, Youth, and Families					
Children's SOC Site	Children and Youth Served			Expected Results	
	SFY 09	SFY 10	SFY 11 (projected)	90% of Children and youth served will not move to more restrictive treatment settings (Group Care, PMIC, MHI, Out of State, etc.)	95% of Children and youth served will not have CINA petitions due to need for mental health services
Systems of Care Community Circle of Care	508	550	550	495	522
System of Care for Children and Youth in Polk County	NA	30	40	27	38

UNIFORM CHART OF ACCOUNTS

INFORMATION AND EDUCATION SERVICES are activities designed to remove barriers to meeting identified needs and to provide facts about resources that are available. This includes information and referral activities, consultation activities, public education services, and academic services.

COORDINATION SERVICES are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. Includes Case Management, CM-Medicaid Match, CM 100% county funded and services management.

PERSONAL AND ENVIRONMENTAL SUPPORT SERVICES are activities provided to or on behalf of a person to allow the person to function in the least restrictive environment. Includes transportation (non-sheriff), chore services, homemaker/health aide, respite, guardian activities, representative payee services, home and vehicle modifications, supported community living services and supports, rent subsidy, other related support services.

TREATMENT SERVICES are activities designed to assist the person and family to maintain or improve physiological, emotional and behavioral functioning and to prevent conditions that would present barriers to a person's or family's functioning. Includes outpatient general medical services, prescription medications, in home nursing services, psychotherapeutic treatment services, evaluation services, rehabilitative services etc.

VOCATIONAL AND DAY SERVICES are activities designed to maintain or develop the person's ability to function in a job or pursue meaningful activity during the workday. The service includes activities that promote the development of skills, attitudes, and personal attributes that contribute to the person's independence and employment potential. Includes sheltered workshop, work activity services, Adult daycare, supported employment services, enclave.

LICENSED/CERTIFIED LIVING ARRANGEMENTS are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services. For unlicensed group living situations, the "Other" category can be coded using the appropriate bed size. The appropriate bed size category should generally be determined using the license capacity. Includes community based settings including Residential Care Facilities (RCF, RCF-MR, RCF/PMI); Intermediate Care Facilities (ICF/PMI, ICF-MR), Supported Community Living (RCF-based).

INSTITUTIONAL/HOSPITAL AND COMMITMENT SERVICES are services provided at state Mental Health Institutes or State Hospital Schools, in hospital settings, or to people undergoing a court commitment process. Includes per diem charges, diagnostic evaluations related to commitment, sheriff transportation, legal representation for commitment is used when legal services are provided related to a commitment under Iowa Code Section 229, mental health advocate services.